

SFA/School District: _____

LEA #: _____

FREE AND REDUCED PRICE MEAL APPLICATION MATERIALS, FORMS AND LETTERS ATTESTATION STATEMENT

**(Must be attached to Policy Statement unless the entire SFA is Provision 2 non-base year
or Community Eligibility Provision (CEP) – non pricing situations)**

In the chart below, place an "X" in the column to indicate:

- either the School Food Authority (SFA) will use the Prototype Free and Reduced Price Meal Application materials, forms and letters EXACTLY as published by the Arkansas Department of Education Child Nutrition Unit (ADE CNU) OR
- to indicate that the SFA is providing that particular item for review by ADE CNU.

When using the ADE CNU prototype materials the SFA will include specific information in the prototype regarding the SFA personnel contact information, etc. as required in **[brackets]**.

When Checking SFA Materials Attached, include the materials the SFA is submitting to ADE CNU for approval as part of the Renewal of Policy Statement. The SFA submitted materials MAY NOT be used or published by SFA without prior approval from ADE CNU.

If the SFA is using web-based Free and Reduced Price Meal Application and materials please see **Commissioner's Memo CNU-17-048** for SFA instructions and Addendum to Renewal of Policy Statement.

Check the box to indicate if the SFA will use ADE Prototype materials exactly as published, or if SFA will submit materials to ADE CNU for approval.	ADE Prototype Materials	SFA Materials Attached	Not Applicable
Letter to Household (Frequently Asked Questions)			
Instructions on How to Apply			
Free and Reduced Price Meal Application			
Public Release			
Notice to Households of Approval/Denial of Benefits			
Notice of Direct Certification If using Notice of Direct Certification from DC Portal check ADE Prototype			
Notice of Students Residing with Direct Cert Students (optional)			
Notice of Approval Migrant, Homeless, Runaway, Foster, Head Start, Even Start			
We Must Check Your Application (Verification Announcement)			
We Have Checked Your Application (Verification Results)			
Verification Tracker Form			
Sharing Information with CHIPS/Medicaid (optional for SFA to use)			
Sharing Information with Other Programs (optional for SFA to use)			

Signing this Attestation Statement certifies the information provided above is accurate and that all Meal Application materials (including forms and letters) are submitted to ADE CNU for approval.

District Superintendent Signature

District Child Nutrition Director Signature

Date

Date